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**Supplemental Narrative Report**

*(The following reports are for law enforcement use only and not for public dissemination; all information contained within this report are observations, approximations or summarizations unless expressed otherwise. Information contained herein is confidential use only and is not to be disseminated outside your agency unless its release is required pursuant to criminal or civil proceedings or statutory requirement.)*

**Date of Report:**

**Task Force Incident Number**:

**Fire/Police Agency Incident Number**:

**Reporting Investigator**: **Department**:

**Assignment**:

**Investigative Synopsis**: *(include the date, time, address of incident, your assignment, agency and reason for conducting the interviews)*

**Supplemental Report**: *(include the information developed, activities, details of the investigation assignment.)*

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 Fire Investigator and Badge number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

 Approving Supervisor